

Name
in
Full

Ella J. Crumpton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumpton</i>			Town <i>Queen Anne</i>			County			MARYLAND				
Date of death 1906		Month <i>June</i>		Day <i>second</i>		Age 30		Years		Months <i>4</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Delaware</i>									
Married, Single or Widowed <i>Married</i>				Occupation <i>Housewife</i>									
Name of Wife Husband <i>Benjamin Crumpton</i>													
Father's Name <i>Thomas A Chadwick</i>				Father's Birthplace <i>Delaware</i>									
Mother's Maiden Name <i>Elizabeth Shelton</i>				Mother's Birthplace <i>Delaware</i>									
Name of person giving information <i>J. A. Sheppard</i>				How related to deceased <i>None</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>		How long <i>1 year</i>	
Immediate <i>Suffocation</i>		How long <i>short time</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Sheppard M.D.</i>	
		Address <i>Crumpton Md</i>	
Accident or Suicide?			



Name
in
Full

Rose V. Deadman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Crown		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	6	June	23	9 mo			
Sex	Female		Color or Race	Black.		Birth-place	md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			Walter Deadman		Father's Birthplace		
Mother's Maiden Name			Margt Wilson		Mother's Birthplace		
Name of person giving information			Mother		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough (4)		How long	4 wks
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address	Crown	
			md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>June</i>	Day <i>7</i>	Age <i>88</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Albort Co. Md</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>John Elseroad</i>					
Father's Name <i>W. S. Turner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name			Mother's Birthplace <i>11</i>		
Name of person giving information <i>Ray Turner</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>5 or 6 years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. Bradley M.D.</i>
	Address <i>Centerville, Md.</i>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

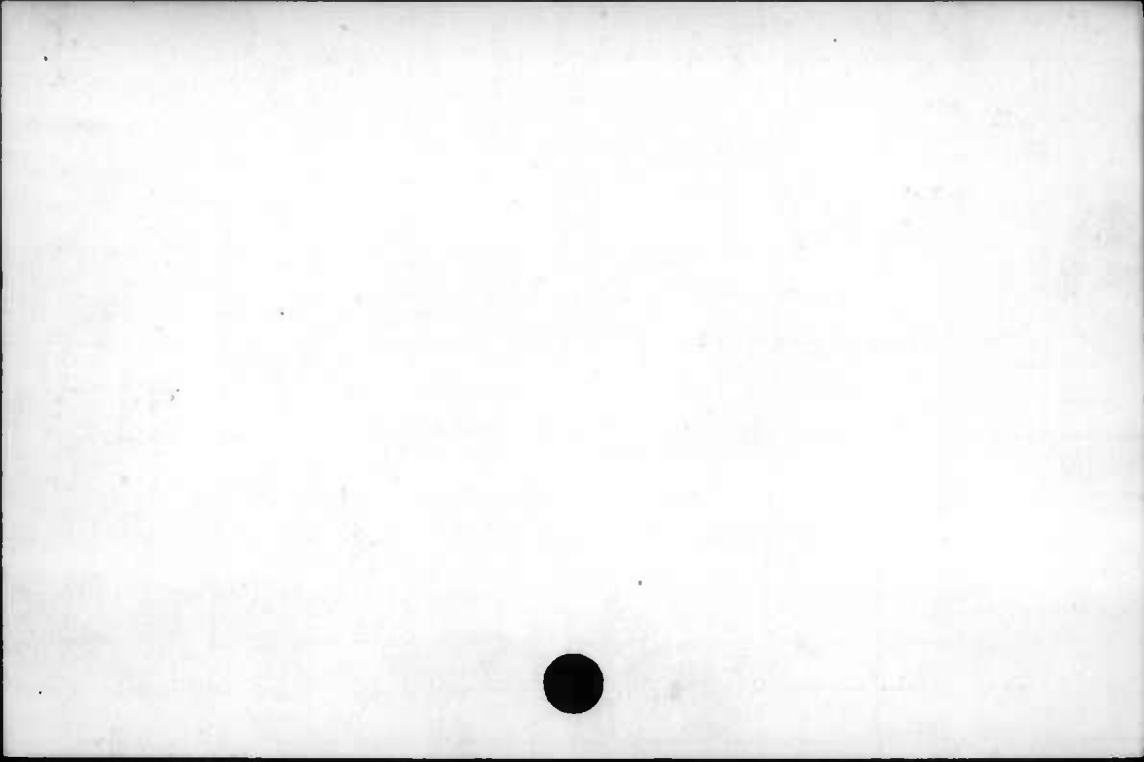
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Mills</i> ^{Town}		<i>Linnane</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>8th</i>	Age <i>1</i> Years	<i>8</i> Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Linnane Co.</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Wye Mills</i>		
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband				
Father's Name <i>Henry French</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Agness Jones</i>	Mother's Birthplace <i>Linnane Co.</i>				
Name of person giving Information <i>Agness French</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure to Cold</i>	How long <i>(90)</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Slack M.D.</i>
<i>yes</i>	Address <i>Wye Mills</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Georgetown* Town *2* CountyDate of death *1906* Month *June* Day *28* Age *32* Years Months *5* Days *0*Sex *Male* Color or Race *White* Birth-place *Kentland*Occupation *Oysterman* Where Residing if not at place of death *" "*Married, Single or Widowed *Married* Name of Wife or *" "*Father's Name *John Gardner* Father's Birthplace *Kentland*Mother's Maiden Name *Jane Gordon* Mother's Birthplace *" "*Name of person giving information *Mrs. Cora Gardner* How related to deceased *Sister-in-law*

CAUSES OF DEATH

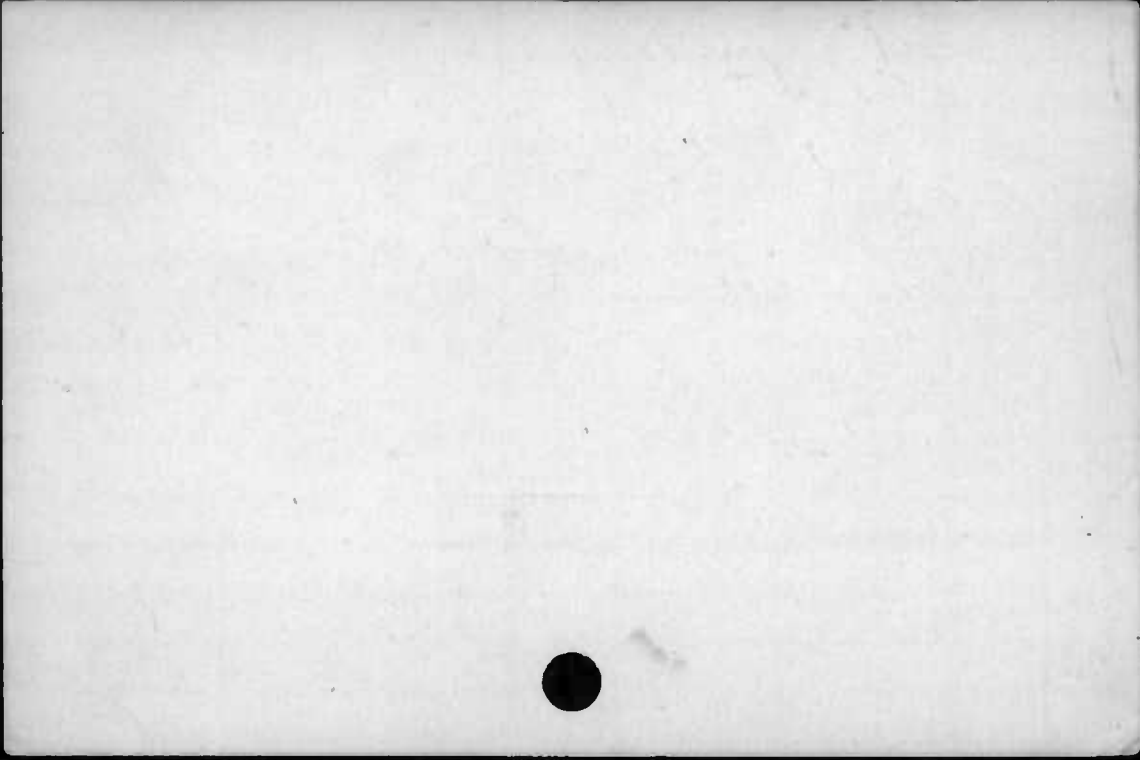
Primary *Pulmonary Tuberculosis* How long *23* yrs.Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Obert Kemp
Stevensville, Md.

Accident or Suicide?



Name
in
Full

Hazel Elizabeth Gray

CERTIFICATE OF DEATH

MARYLAND

Died at
Town
InglesideCounty
2. H. CoDate
of death 1906Month
6Day
16

Age

Years

Months
3Days
13Sex
FemaleColor or
Race
WhiteBirth-
place
Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name
Wm. GrayFether's
Birthplace
Del.Mother's
Maiden Name
Lula J. Short-Mother's
Birthplace
Del.Name of person giving
In formation
Lula J. Short-How related
to deceased
Mother

CAUSES OF DEATH

Primary

How long

Immediate

How long
7 daysAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katie R Grimes</i>		Town <i>Heavenville</i>		County <i>29</i>		MARYLAND	
Died at <i>Heavenville</i>		Month <i>June</i>		Day <i>28</i>		Age <i>48</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ia. Col. Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>5—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Grimes</i>					
Father's Name <i>George Oliver Lewis</i>		Father's Birthplace <i>Ia. Col. Md</i>					
Mother's Maiden Name <i>Julia A Lewis</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thomas Grimes</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>27</i>	How long <i>1 yr</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Kemp</i>	
	Address <i>Stevensville Md.</i>	
Accident or Suicide?		



Name
in
Full

Steven Montgomery Handy Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Ruthsburg^{County} Queen Anne

Date of death 1906 June

Day 20

Age

Years

Months one

Days 4

Sex Male

Color or Race Colored

Birth-place Ruthsburg, Md

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Alexandra Handy

Father's Birthplace Ruthsburg, Md

Mother's Maiden Name Mary Elizabeth Waters

Mother's Birthplace Baltimore Md

Name of person giving information Alendra Handy

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Twin and delicate from birth

How long 1 mo & 4 days

Immediate Convulsion

How long Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Walter H. Penby

Address

Ruthsburg, Md.

Accident or Suicide?



Name
in
Full

Mrs Lucy Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Barclay^{County} Queen Anne

Date of death 1906

Month 6

Day 7

Age 48

Years

Months

Days

Sex Female

Color or Race white-

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband Jos Price

Father's Name John Harington

Father's Birthplace Md

Mother's Maiden Name

Mother's Birthplace Delaware

Name of person giving information Elsie Price

How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Probably cancer of stomach or esophagus

How long 2 years

Immediate Exhaustion and Starvation

How long 8 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Foster Sucker

Address Suckersville

Accident or Suicide?



Name
in
Full

Bertie Morris Quillen

CERTIFICATE OF DEATH

Died at *Indian Town*County *Queen Anne's*

MARYLAND

Date
of death *1906*Month
*6*Day
2

Age

Years
*23*Months
*—*Days
—

Sex

*Female*Color or
Race*American*Birth-
place*Delaware*

Occupation

*House Wife*Where Residing if not
at place of death
*—*Married, Single
or Widowed*Married*Name of Wife or
Husband*Reverdy L. Quillen*Father's
Name*James Morris*Father's
Birthplace*Delaware*Mother's
Maiden Name*Emma Minner*Mother's
Birthplace*"*Name of person giving
Information*Reverdy L. Quillen*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Tuberculosis

How long

2 1/2 yrs

Immediate

Exhaustion

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

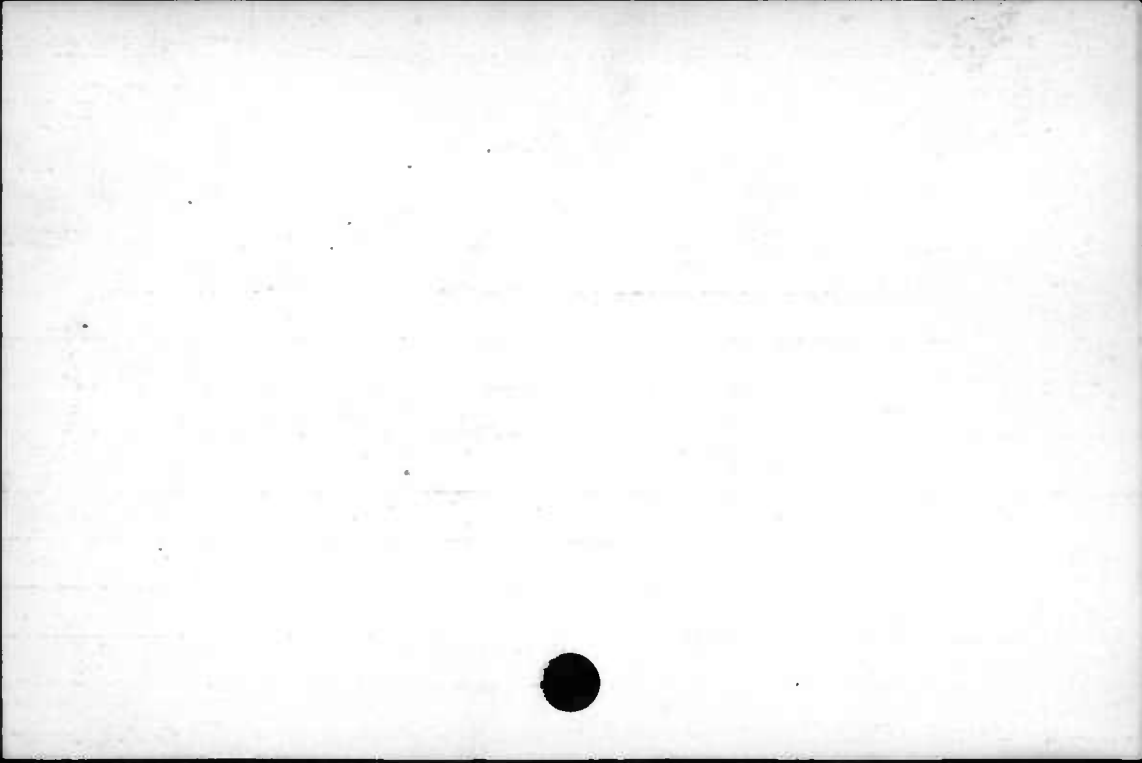
*James Morris Quillen MD
Baltimore*

Accident or Suicide?

*no**James Morris Quillen MD*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name <i>James Mellard Rhoads</i>		CERTIFICATE OF DEATH	
Died at <i>Manchester</i> ^{Town}		<i>2 abe</i> ^{County}	
Date of death <i>1906</i> ^{Month} <i>6</i> ^{Day} <i>13</i>		Age <i>4</i> ^{Years} <i>4</i> ^{Months} <i>—</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>—</i>		Birth-place <i>Manchester</i>	
Where Residing if not at place of death <i>Manchester</i>			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>James B Rhoads</i>		Father's Birthplace <i>LI</i>	
Mother's Maiden Name <i>Mary L Johnson</i>		Mother's Birthplace <i>LI</i>	
Name of person giving information <i>J B Rhoads</i>		How related to deceased <i>father</i>	
CAUSES OF DEATH			
Primary <i>Malarial fever</i>		How long <i>2 wks</i>	
Immediate <i>convulsions</i>		How long <i>2 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard R. Hopkins</i>	
		Address <i>2 Munster</i>	
Accident or Suicide?		<i>MD.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Love Pt</i> ^{Town}		<i>La</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>22</i>	Age <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Love Pt Md</i>		
Occupation <i>— Default</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Augustus Roe</i>			Father's Birthplace <i>La Co Md</i>		
Mother's Maiden Name <i>Mary Hess</i>			Mother's Birthplace <i>La Co Md</i>		
Name of person giving information <i>Mary Hess</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

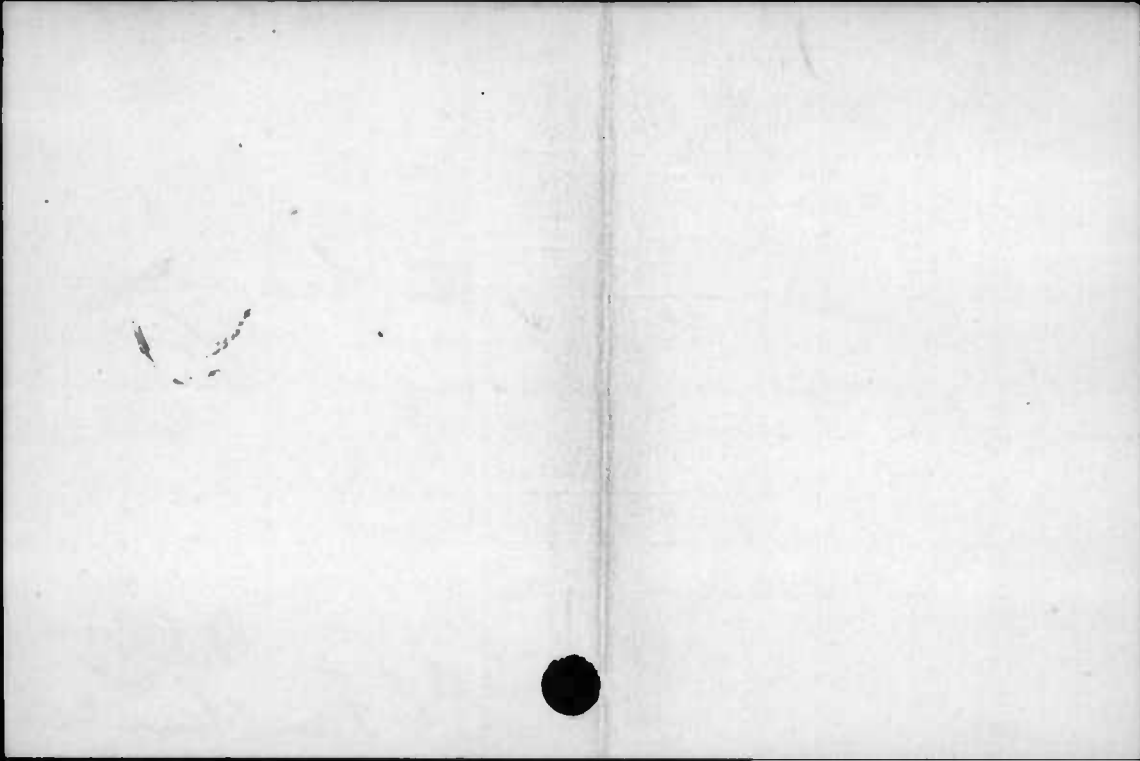
Primary <i>Injury from Birth</i>	How long <i>—</i>
Immediate <i>Convulsions</i>	How long <i>Few Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Henry</i>
	Address <i>Stevensville Md</i>
Accident or Suicide? <i>U</i>	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Jonas G. Seenev</i>		Town <i>Neer Induside</i>		County <i>Queen Anne</i>	
	Date of death <i>1906</i>		Month <i>June</i>	Day <i>29</i>	Age <i>14</i>	
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's Co</i>	
	Occupation <i>Student</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
	Father's Name <i>John J. Reenev</i>		Father's Birthplace <i>Queen Anne's Co</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Mary A. Rochester</i>		Mother's Birthplace <i>Queen Anne's Co</i>			
	Name of person giving information <i>Richard Rochester</i>		How related to deceased <i>Grand Mother</i>			
	CAUSES OF DEATH					
	Primary <i>Typhoid Fever</i>		How long			
Immediate <i>Intestinal Perforation</i>		How long				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. S. Dudley</i>		Address <i>Queen Anne's Co Maryland</i>		
Accident or Suicide?						



Name in Full		No Name		Sewell		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Middletown		2		a	
		Date of death		Month		Day	
		1901		6		16	
		Age		Years		Months	
Sex		Color or Race		Birth- place		Days	
Male		White		Middletown		11	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		James K. Sewell		Father's Birthplace		2 a Co	
Mother's Maiden Name		Julia Young		Mother's Birthplace		" "	
Name of person giving Information		James K. Sewell Jr		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Congenital Debility		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		Middletown, Md.	
Accident or Suicide?							



Name
in
Full

Susan F. Suckles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Barclay		County Harrison Anne		MARYLAND	
Date of death		Month 1906	Day 6	Age	Years 43	Months	Days
Sex Female		Color or Race			Birth- place Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Suckles					
Father's Name		Ged Pount				Father's Birthplace Md	
Mother's Maiden Name		Mary Snod's				Mother's Birthplace Md	
Name of person giving In formation		Earnest Cam				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Sins and Stomach trouble		How long	about one year
Immediate	Made two visits - only. The last - about 7 days previous to his death -		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Walter Suckles	
			Address Suckersville	
Accident or Suicide?			Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

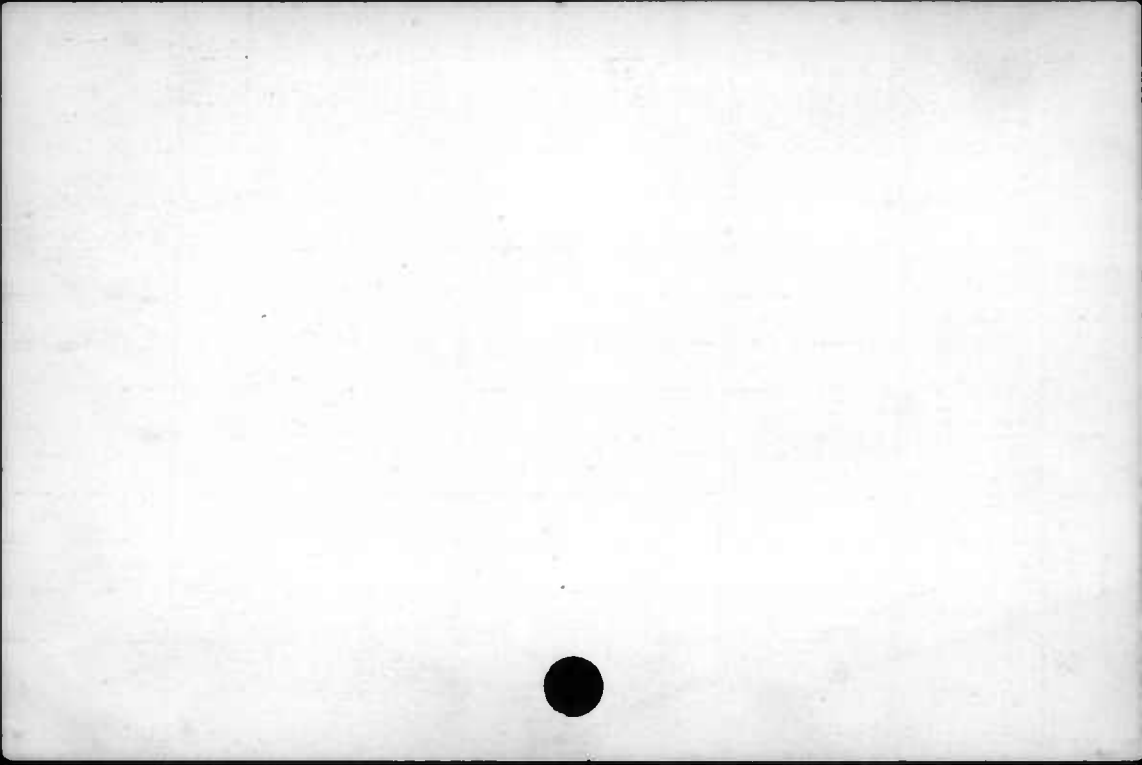
MARYLAND

Died at		Kent Island		Anne	
Date of death		1906	June	14	Age 66
Sex		Female		Color or Race	White
Occupation		Housewife		Birthplace	Kent Island
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Alex. Thompson			
Father's Name		William Holtz Legg		Father's Birthplace	Kent Island
Mother's Maiden Name		Julia A. Lechris		Mother's Birthplace	Worcester Co.
Name of person giving information		Alex. Thompson		How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	
Immediate	Paralysis - (Mr. C.P.R.)	How long	Immediate.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Hugh A. Legg	
Address		Kent Island, Md.	
Accident or Suicide?		Undertaker	



Name
in
Full

Annie Elizabeth Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ralphs</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	1906	Month	June	Day	2
		Years	Age	73	
Sex	Female	Color or Race	White	Months	0
				Days	7
Birth place	<i>Queen Anne Co</i>				
Occupation	<i>Unemployed</i>		Where Residing if not at place of death <i>Near Ralphs</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Thomas Tucker</i>		
Father's Name	<i>James A. Roeph</i>			Father's Birthplace	
Mother's Maiden Name	<i>Julia Williamson</i>			Mother's Birthplace	
Name of person giving information	<i>James Tucker</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's</i>	How long	<i>3 years</i>
Immediate	<i>Uræmia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Brange Simmons</i>
		Address	<i>Chestertown Md.</i>
Accident or Suicide?	<i>No</i>		

Church Hill Cemetery

Name
in
Full

CERTIFICATE OF DEATH

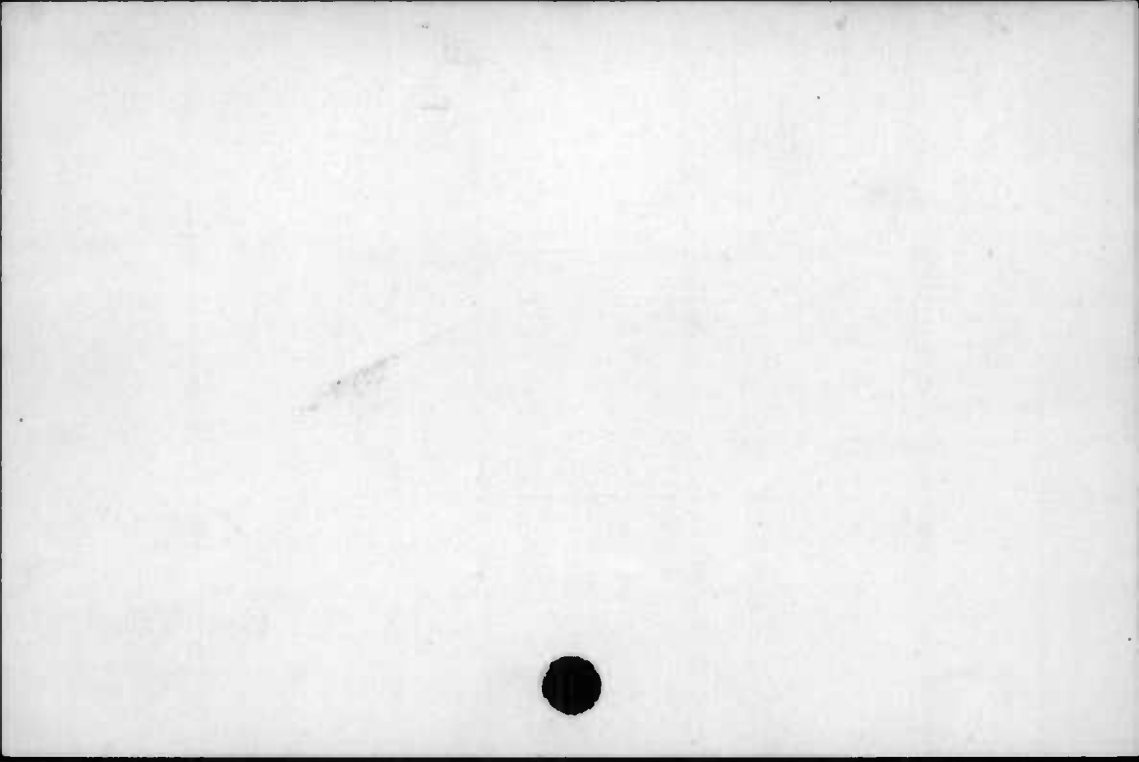
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Down</i> <i>Near Rolphs</i> <i>Queen Anne</i> County		MARYLAND										
Date of death	1906	Month	June	Day	6	Age	77	Years	8	Months	9	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Caroline Co Md</i>					
Occupation	<i>Carpenter</i>				Where Residing if not at place of death		<i>Dover Del.</i>					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Sallie Tucker</i>							
Father's Name	<i>John Tucker</i>						Father's Birthplace	<i>Caroline Co.</i>				
Mother's Maiden Name	<i>Sarah Meeds</i>						Mother's Birthplace	<i>Caroline Co.</i>				
Name of person giving information	<i>James Tucker</i>						How related to deceased	<i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Eriason.</i>	How long	<i>Do not know.</i>
Immediate	<i>Died suddenly after walking in sun</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Byrge Simmons</i>
		Address	<i>Chelertown Md.</i>
Accident or Suicide?	<i>No.</i>		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name <i>J. Mildred Wallace</i>		Town <i>Barclay</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>30</i>		Years <i>4</i>	
Date of death <i>1906</i>		Months <i>3</i>		Days <i>9</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Barclay</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J. Harry Wallace</i>				Father's Birthplace <i>Sudlersville</i>			
Mother's Maiden Name <i>Anna M Mahlen</i>				Mother's Birthplace <i>Millville, Md.</i>			
Name of person giving information <i>Parents</i>				How related to deceased			

CAUSES OF DEATH

Primary <i>Meningitis</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Suck</i>	
		Address <i>Sudlersville</i>	
Accident or Suicide?		<i>no</i>	

